

## CARDIOLOGY CLINIC

T.N. SUBBIAH M.D. FACC, FCCP

122 SOUTH WASHINGTON STREET  
BUTLER, PA 16001  
(724) 283-6668Nuclear Cardiology  
Accredited Nuclear  
Cardiology Laboratory

January 15, 2007

Lizette Roldan  
U.S. Nuclear Regulatory Commission  
Region I  
475 Allendale Road  
King of Prussia, PA 19406-1415

RE: Mail Control #139883

Dear Ms. Roldan:

03030417

As you know, I would like to add Dr. Prem Kumar as an authorized user to my NRC license #37-28153-01 under 10 CFR 35.100 and 35.200.

Form 313A is enclosed regarding Dr. Kumar's Training and experience and my attestation as his preceptor at Butler Memorial Hospital.

Dr. Prem Kumar is a highly qualified Cardiologist with excellent credentials and I foresee no problem with this process.

I appreciate your assistance in this matter.

Sincerely,

T.N. Subbiah, M.D., F.A.C.C.

MS 16

J-4

139883

NMCS/RGN MATERIALS-002

|  |  |   |  |   |                      |
|--|--|---|--|---|----------------------|
| <b>NRC FORM 313A (AUD)</b><br>(10-2006)  |  | <b>U.S. NUCLEAR REGULATORY COMMISSION</b>                   |  | <b>APPROVED BY OMB: NO. 3150-0120</b><br><b>EXPIRES: 10/31/2008</b> |                      |
| <b>AUTHORIZED USER TRAINING AND EXPERIENCE<br/>AND PRECEPTOR ATTESTATION</b><br><b>(for uses defined under 35.100, 35.200, and 35.500)</b><br><b>[10 CFR 35.190, 35.290, and 35.590]</b>   |  |   |  |   |                      |
| Name of Proposed Authorized User<br><b>PREM KUMAR, M.D.</b>  |  |   | State or Territory Where Licensed<br><b>PENNSYLVANIA</b>                   |   |                      |
| Requested Authorization(s) (check all that apply)  |  |   |  |   |                      |
| <input checked="" type="checkbox"/> 35.100 Uptake, dilution, and excretion studies   |  |   |  |   |                      |
| <input checked="" type="checkbox"/> 35.200 Imaging and localization studies  |  |   |  |   |                      |
| <input type="checkbox"/> 35.500 Sealed sources for diagnosis (specify device _____)  |  |   |  |   |                      |
| <b>PART I – TRAINING AND EXPERIENCE</b><br><b>(Select one of the three methods below)</b>  |  |   |  |   |                      |
| * Training and Experience, including board certification, must have been obtained within the 7 years preceding the date of application or the individual must have obtained related continuing education and experience since the required training and experience was completed. Provide dates, duration, and description of continuing education and experience related to the uses checked above. |  |   |  |   |                      |
| <input type="checkbox"/> <b>1. Board Certification</b>   |  |   |  |   |                      |
| a. Provide a copy of the board certification.  |  |   |  |   |                      |
| b. If using only 35.500 materials, stop here. If using 35.100 and 35.200 materials, skip to and complete Part II Preceptor Attestation.  |  |   |  |   |                      |
| <input type="checkbox"/> <b>2. Current 35.390 Authorized User Seeking Additional 35.290 Authorization</b>  |  |   |  |   |                      |
| a. Authorized user on Materials License _____ meeting 10 CFR 35.390 or equivalent Agreement State requirements seeking authorization for 35.290.   |  |   |  |   |                      |
| b. Supervised Work Experience.<br>(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)  |  |   |  |   |                      |
| Description of Experience  |  | Location of Experience/License or Permit Number of Facility |  | Clock Hours   | Dates of Experience* |
| Eluting generator systems appropriate for the preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for radionuclidic purity, and processing the eluate with reagent kits to prepare labeled radioactive drugs   |  |   |  |   |                      |
| <b>Total Hours of Experience:</b>  |  |   |  |   |                      |
| Supervising Individual   |  |   | License/Permit Number listing supervising individual as an authorized user |   |                      |
| Supervisor meets the requirements below, or equivalent Agreement State requirements (check all that apply).  |  |   |  |   |                      |
| <input type="checkbox"/> 35.290 <input type="checkbox"/> 35.390 + generator experience in 32.290(c)(1)(ii)(G)  |  |   |  |   |                      |

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(10-2006)

U.S. NUCLEAR REGULATORY COMMISSION

## AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

☒ 3. Training and Experience for Proposed Authorized User

## a. Classroom and Laboratory Training.

| Description of Training   | Location of Training                              | Clock Hours | Dates of Training*   |
|---|---|-------------|----------------------|
| Radiation physics and instrumentation                                     | HEALTH PHYSICS SERVICES, INC.<br>WASHINGTON, D.C. | 100         | COMPLETED<br>12/1998 |
| Radiation protection  | "   | 30          | "                    |
| Mathematics pertaining to the use and measurement of radioactivity        | "   | 20          | "                    |
| Chemistry of byproduct material for medical use (not required for 35.590) | "   | 30          | "                    |
| Radiation biology   | "   | 20          | "                    |
| Total Hours of Training:  |   | 200         |                      |

b. Supervised Work Experience (completion of this table is not required for 35.590).  
(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

| Description of Experience  | Location of Experience/License or Permit Number of Facility                | Clock Hours | Dates of Experience* |
|--|--|-------------|----------------------|
| Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys   | BUTLER MEMORIAL HOSPITAL<br>BUTLER, PA 16001<br>NRC LICENSE #: 37-13548-01 | 200         | 1994-2007            |
| Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters | " "  | 200         | 1994-2007            |
| Calculating, measuring, and safely preparing patient or human research subject dosages   | " "  | 200         | 1994-2007            |

NRC FORM 313A (AUD)  
(10-2005)

U.S. NUCLEAR REGULATORY COMMISSION

**AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)****3. Training and Experience for Proposed Authorized User (continued)****b. Supervised Work Experience. (continued)**

| Description of Experience  | Location of Experience/License or Permit Number of Facility  | Clock Hours                                     | Dates of Experience* |
|--|--|---|----------------------|
| Using administrative controls to prevent a medical event involving the use of unsealed byproduct material  | BUTLER MEMORIAL HOSPITAL<br>NRC LICENSE 37-13548-01  | 200   | 1994-2007            |
| Using procedures to contain spilled byproduct material safely and using proper decontamination procedures  | " "  | 10  | "                    |
| Administering dosages of radioactive drugs to patients or human research subjects  | " "  | 200   | "                    |
| Eluting generator systems appropriate for the preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for radionuclidic purity, and processing the eluate with reagent kits to prepare labeled radioactive drugs | DR. KUMAR STATES EXPERIENCE WAS AT TRAINING FACILITY, WASHINGTON, DC<br>HEALTH PHYSICS SERVICES, INC | DR. SUBBIAH DID NOT SUPERVISE THESE<br>10 HOURS | 1998                 |

**Total Hours of Experience:****1020 HOURS**

Supervising Individual

T.N. SUBBIAH, M.D.

License/Permit Number listing supervising individual as an authorized user

37-28153-01

Supervisor meets the requirements below, or equivalent Agreement State requirements (check one).

☐ 35.190☒ 35.290☐ 35.390☐ 35.390 + generator experience in 35.290(c)(1)(ii)(G)**c. For 35.590 only, provide documentation of training on use of the device.**

| Device | Type of Training | Location and Dates |
|--------|------------------|--------------------|
|        |                  |                    |
|        |                  |                    |

**d. For 35.500 uses only, stop here. For 35.100 and 35.200 uses, skip to and complete Part II Preceptor Attestation.**

NRC FORM 313A (AUD)  
(10-2006)

U.S. NUCLEAR REGULATORY COMMISSION

## AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

## PART II - PRECEPTOR ATTESTATION

Note: This part must be completed by the individual's preceptor. The preceptor does not have to be the supervising individual as long as the preceptor provides, directs, or verifies training and experience required. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each. (Not required to meet training requirements in 35.590)

## First Section

Check one of the following for each use requested:

For 35.190

## Board Certification

☐ I attest that \_\_\_\_\_ has satisfactorily completed the requirements in

Name of Proposed Authorized User

10 CFR 35.190(a)(1) and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100.

OR

## Training and Experience

☐ I attest that \_\_\_\_\_ has satisfactorily completed the 60 hours of training and

Name of Proposed Authorized User

experience, including a minimum of 8 hours of classroom and laboratory training, required by 10 CFR 35.190(c)(1), and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100.

For 35.290

## Board Certification

☐ I attest that \_\_\_\_\_ has satisfactorily completed the requirements in

Name of Proposed Authorized User

10 CFR 35.290(a)(1) and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100 and 35.200.

OR

## Training and Experience

☒ I attest that PREM KUMAR has satisfactorily completed the 700 hours of training

Name of Proposed Authorized User

and experience, including a minimum of 80 hours of classroom and laboratory training, required by 10 CFR 35.290(c)(1), and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100 and 35.200.

## Second Section


Complete the following for preceptor attestation and signature:

☒ I meet the requirements below, or equivalent Agreement State requirements, as an authorized user for:☐ 35.190☒ 35.290☐ 35.390☐ 35.390 + generator experience

Name of Preceptor

T.N. SUBBIAH, M.D.

Signature



Telephone Number

724-283-6668

Date

1/17/2007

License/Permit Number/Facility Name

NRC LICENSE #: 37-28153-01

SUBBIAH CARDIOLOGY ASSOCIATES, LTD

# Health Physics Services, Inc.

Hereby certifies that

PREM KUMAR, M.D.

has successfully completed the 200 Hour Physician Training  
Program in Basic Radioisotope Handling conducted  
in accordance with the requirements of the  
U.S. Nuclear Regulatory Commission (10 CFR 35).

## COURSE OUTLINE

1. Basic Atomic Physics and Instrumentation - 100 hours
2. Mathematics - 20 hours
3. Radiopharmaceutical Chemistry - 30 hours
4. Radiation Biology - 20 hours
5. Radiation Protection - 30 hours

Joseph J. Mount  
Health Physics Services, Inc.

December 9, 1988  
Date

Bill L. Bass  
Course Director